PTO/SB/21 (09-04)

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE are required to respond to a collection of information unless it displays a valid OMB control number. Application Number 10/627,529 **TRANSMITTAL** Filing Date July 25, 2003 First Named Inventor **FORM** Elliot Rudell et al. Art Unit 3764 **Examiner Name** Jerome W. Donnelly

Total Number of Pages in This Submission	Attorney Docket Number	155660-022	22(P082)					
ENCLOSURES (Check all that apply)								
Fee Transmittal Form  Fee Attached  Amendment/Reply  After Final  Affidavits/declaration(s)  Extension of Time Request  Express Abandonment Request  Information Disclosure Statement  Certified Copy of Priority Document(s)  Reply to Missing Parts/ Incomplete Application  Reply to Missing Parts under 37 CFR 1.52 or 1.53	Drawing(s)  Licensing-related Papers  Petition  Petition to Convert to a Provisional Application Power of Attorney, Revocat Change of Correspondence  Terminal Disclaimer  Request for Refund  CD, Number of CD(s)  Landscape Table on C	on Address	After Allowance Communication to TC  Appeal Communication to Board of Appeals and Interferences  Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  Proprietary Information  Status Letter  Other Enclosure(s) (please Identify below):  Return Postcard					
SIGNA	L ATURE OF APPLICANT, ATT	ORNEY, O	R AGENT					
Firm Name Irell & Manella LLP								
Printed name Ben J. Yorks								
Date November 28, 2006		Reg. No.	33,609					
CERTIFICATE OF TRANSMISSION/MAILING								
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signature Lusar M. Hangy 97th								
Typed or printed name Susan M. Langv	rorthy		Date November 28, 2006					

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Applicant claims small entity status. See 37 CFR 1.27		E	xaminer Name Jerome W. Donnelly		nelly			
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METHOD OF PAYME	NT (check a	I that apply)						
Check Credit	t Card	Money Order	None	Other	(please ide	entify):		
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FEE CALCULATION								
I. BASIC FILING, SEA	RCH. AND	EXAMINATION FEE	S					
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Application Type	Fee (\$)	Small Entity	<u>s</u> e (\$)	mall Entity	Fee	Small Entity (\$) Fee (\$)	Fees Paid (\$)	
Utility	300		00	Fee (\$) 250	200			
Design	200		00	50	130			
Plant	200		00		160	• •		
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Reissue	300		00	250	600			
Provisional	200	100	0	0	(	0	0	
2. EXCESS CLAIM FE	EES					Fee (\$)	Small Entity Fee (\$)	
Fee Description Each claim over 20 (including Reissues)					50	25		
		(including Reissues)				200	100	
Multiple dependent		,				360	180	
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3 APPLICATION SIZE	FEE							
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		), the application size				r small entity) fo	r each additional 50	
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SUBMITTED BY			
Signature	Ben Mala	Registration No. (Attorney/Agent) 33,609	Telephone (949) 760-0991
Name (Print/Ty	rpe) Ben J. Yorks		Date November 28, 2006

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